



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR INDEPENDENT, POLITICAL AND INDEPENDENT EXPENDITURE COMMITTEES (PACS)

1. Committee ID #:	*2. Type of Filing: <input checked="" type="checkbox"/> Original: <input type="checkbox"/> Amendment to Items:		Eff. Date: <b>02/26/2018</b>
Committee Type (Check one): For more information regarding committee types, please see Appendix H of the committee manual.			
*3a <input type="checkbox"/> Independent: I/We acknowledge that the committee must meet certain requirements before being legally qualified to make contributions at a limit that is 10 times greater than the applicable contribution limit for an individual.			
*3b <input checked="" type="checkbox"/> Political: I/We acknowledge that the committee can never be legally qualified to make contributions at a limit that is greater than the applicable contribution limit for an individual.			
Is this a Separate Segregated Fund (SSF)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If Yes, the sponsor is a <input type="checkbox"/> Corporation <input type="checkbox"/> Labor Organization <input type="checkbox"/> D.D.S The sponsor's name is:			
*3c. <input type="checkbox"/> Independent Expenditure PACs: This committee is organized exclusively for the purpose of making independent expenditures that are not in any way directly or indirectly "coordinated" with any candidate, candidate committee, political party, or political party committee, consistent with applicable case law, including but not limited to Michigan Chamber of Commerce et al v Terri Lynn Land, ___FSupp2d___ (WD MI, 2010). This committee also intends to raise funds in unlimited amounts. These committees are commonly referred to as Super PACs.			
*4a. Full Name of Committee (Must include affiliate or sponsor): <b>24th Democratic Michigan State Senate District Political Party Committee of Ingham County</b>			
4b. Acronym or Abbreviation (if any): <b>Progressive Advocacy Trust</b>			
*5a. Complete Committee Mailing Address (May be PO Box): <b>1310 W. Shiawassee St., Lansing, MI 48915</b>			
*5b. Complete Committee Street Address (May not be PO Box):			
*6. Date Committee was Formed in MI: <b>01/31/2018</b>			
*7a. Committee Phone: <b>(248) 302-0073</b>		7c. Committee E-mail Address: <b>todell8@gmail.com</b>	
7b. Committee Fax:		7d. Committee Website Address:	
*8. Treasurer Name and Complete Address: <b>John P. Granger - 1310 W. Shiawassee St., Lansing, MI 48915</b> Phone #: <b>(517) 896-2237</b> Email Address: <b>johngranger71@gmail.com</b> <input type="checkbox"/> OUT OF STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION: I/We stipulate and agree that any legal process affecting it served on the Secretary of State or an agent designated by the Secretary of State shall have the same effect as if personally served on me and principals of this committee. I/We further agree that this appointment shall remain in force as long as any liability of this committee remains on within the State of Michigan.			
9. Designated Record Keeper Name and Complete Address: <b>John Granger - 1310 W. Shiawassee St., Lansing, MI 48915</b> Phone #: <b>(517) 896-2237</b> Email Address: <b>johngranger71@gmail.com</b>			
10. REPORTING WAIVER REQUEST: <input checked="" type="checkbox"/> YES, I/WE WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to spend or receive in excess of \$1,000 in a year. I/We understand that if the committee does not spend or received in excess of \$1,000 in a calendar year, the committee does not Quarterly, Pre, Post and Annual Campaign Statements. I/We further understand that the Reporting Waiver will be automatically lost if it committee exceeds the \$1,000 threshold and all required campaign statements must be filed. <u>A Reporting Waiver does not exempt a cc from filing Late Contribution Reports.</u> <input type="checkbox"/> NO, I/WE DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to spend or receive in excess of \$1,000 in a year. I/We understand that the committee owes Quarterly, Pre, Post and Annual Campaign Statements even if the committee does not receive in excess of \$1,000 in a calendar year. I/We further understand that the Reporting Waiver cannot be requested retroactively filing requirements and to avoid paying late filing fees.			
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Assoc *Official Depository (name and address): <b>MSU-FCU Lansing, Michigan</b> Secondary Depository (name and address):			
12. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to committees that file with the County Clerk's office. <input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$5,000 and is required to file electronically. <input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$5,000 and would like to file electronically voluntarily.			
*13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, I/we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date below) *Current Treasurer <i>John P. Granger</i> Designated Record Keeper (Required only if filing electronically) Date: <b>02/23/2018</b> Date: <b>02/23/2018</b>			

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FEB 28 2018

INGHAM COUNTY CLERK

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2/28/18 9:39 AM Page 1 of 1  
Camp \$0.00  
Barb Byrum, Ingham County Clerk

- \*ITEM 8:** Enter the full name and mailing address of the committee's treasurer. Include a phone number where the treasurer can be reached during business hours. The committee's treasurer must be registered to vote in Michigan if the committee conducts business through an office or facility located in Michigan. The committee treasurer does not have to be a Michigan resident if the committee does not conduct business through an office or facility located in Michigan. A committee that wishes to have a treasurer who is not a Michigan resident is required to file an "irrevocable written stipulation". The committee does this by checking the box titled **OUT-OF-STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION**.
- ITEM 9:** List the name, mailing address, area code and phone number of the person who will be responsible for the committee's records and Campaign Statement filings. If the committee treasurer will personally handle these responsibilities, leave this item blank. A person designated in this item may sign Campaign Statements but does not have the authority to sign the Statement of Organization forms in place of the treasurer.
- ITEM 10: Reporting Waiver Request**
- Select **"YES, I/WE WANT TO APPLY FOR THE REPORTING WAIVER"** on Item 10 if the committee does not expect to receive or spend more than \$1,000 for a calendar year. The committee does not owe the Pre, Post, Annual and Quarterly Campaign Statements as long as the committee does not receive or spend more than \$1000 in a calendar year.
  - Select **"NO, I/WE DO NOT WANT TO APPLY FOR THE REPORTING WAIVER"** on Item 10 if the committee expects to receive or expend in excess of \$1,000 in a calendar year. This means that the committee owes Pre, Post, Annual and Quarterly Campaign Statements even if the committee does not spend or receive in excess of \$1,000 in a calendar year.
- \*ITEM 11:** In Item 11a, enter the name and address of the Michigan bank, savings and loan association or credit union that the committee now uses or intends to use as its "official depository." The committee's official depository must be located in Michigan if the committee conducts business through an office or facility located in Michigan. The committee depository does not have to be located in Michigan if the committee does not conduct business through an office or facility located in Michigan. In Item 11b, list the names and addresses of any "secondary depositories" the committee currently uses or intends to use. A secondary depository may be used only for the deposit of contributions (for example, as a temporary holding place for receipts from a joint fund raiser); it may not be used for committee expenditures.
- ITEM 12:** Read this section carefully and check the appropriate box. Committees filing with the county clerk's office, skip to Item 13. **NOTE:** Once a committee has reached the \$5,000 threshold in a calendar year, they are required to file all campaign statements and reports electronically regardless of receipts or expenditures total in the future years.
- \*ITEM 13:** Enter the treasurer's name where indicated. The form **must** be signed and dated by the active committee treasurer. **Electronic Filers:** The forms must be signed by the Treasurer and the Designated Record-keeper (if applicable) and serves as an electronic signature for electronically filing Campaign Statements and reports. **NOTE:** Once a committee has reached the \$5,000 threshold they are required to file all campaign statements and reports electronically regardless of receipts or expenditures total in the future years. The Record Keeper needs to sign and date this form if campaign statements are to be filed electronically.